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# Adolescent Perceptions of Risk-Taking Behaviors

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# ADOLESCENT PERCEPTIONS OF RISK-TAKING BEHAVIORS

A Thesis

Presented to

the Faculty of the Department of Nursing

Western Kentucky University

Bowling Green, Kentucky

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Susan Moore Matthews

July 1998

ADOLESCENT PERCEPTIONS OF RISK-TAKING BEHAVIORS

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## ADOLESCENT PERCEPTIONS OF RISK-TAKING BEHAVIORS

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69 Pages

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Adolescents often make adult decisions regarding their lifestyle and behavior with little support from their family and community. In this study the researcher examined the differences in risk-taking behaviors between genders and the role that families and communities play in reducing risk-taking behaviors. In the study I further analyzed self-reports of numbers of developmental assets of those students reporting participation in high-risk behaviors. Method: Data were obtained from a sample of convenience of (N = 82) 12th grade students. Behaviors and attitudes were examined using the Search Institute's Profiles of Student Life survey. Results: Chi square was used to test for significant differences in risk-taking behaviors between genders and levels of developmental assets. Males were more likely than females to participate in alcohol and substance use  $\chi^2 (1, N = 82) = 63.95, p < 0.05$  and more likely to participate in violent risk-taking behaviors: physically hurt someone once or more in the last twelve months  $\chi^2 (1, N = 82) = 22.73, p < 0.05$ , used a weapon to get something  $\chi^2 (1, N = 82) = 44.45, p < 0.05$ , been in a group fight once or more in the last twelve months  $\chi^2 (1, N = 82) = 29.33, p < 0.05$ , carried a weapon for protection  $\chi^2 (1, N = 82) = 23.78, p < 0.05$ , and threatened physical harm to someone  $\chi^2 (1, N = 82) = 46.2, p < 0.05$ . Females were more likely to participate in sexual intercourse than males  $\chi^2 (1, N = 82) = 214.08, p < 0.05$  and to have hit someone once or more in the last twelve months  $\chi^2 (1, N = 82) = 11.53, p <$



0.05. In the area of risk-taking behaviors related to developmental assets, students who participated in the problem behaviors had fewer developmental assets than those not participating in the behavior. The exceptions to this were using a gun to get something from a person  $\chi^2 (1, N = 82) = 72.4, p < 0.05$  and carrying a gun for protection  $\chi^2 (1, N = 82) = 30.63, p < 0.05$ . Conclusions: Findings from this study emphasize the need for community-based programs that enhance youth bonding with family and community. Furthermore, it reinforces the national goals aimed at reducing risk-taking behaviors such as alcohol and substance use, early sexual intercourse, and youth violence. Programs aimed at prevention and intervention that address the specific needs of males and females are recommended.

## CHAPTER I

### ADOLESCENT PERCEPTIONS OF FAMILY AND COMMUNITY

The family environment is the major arena for children's socialization experiences. Key relationships are formed and children learn behaviors and attitudes that may be practiced throughout their lives. Socialization, however, is not confined to the family domain. Schools and communities also provide important social experiences (Barber & Olsen, 1997).

Adolescents often make adult decisions regarding their lifestyle and behavior with little support from their families and community. When adolescents perceive themselves to have weak bonds to family, school, and social activities, they are more likely to participate in risk-taking activities. McBride et al. (1995) found that strong bonds to family, school, and community reduced risk-taking behaviors. Adolescents who have few developmental assets are more likely to participate in risk-taking behaviors leading to alcohol and substance use, teen pregnancy, and youth violence. Blyth & Leffert (1995) conducted a study using the Search Institute's Developmental Asset Framework and found that it is crucial for community-based programs to stress the importance of the role of family and community adults as positive, healthy models for youth.

Alcohol has a prominent role as the leading contributing factor in deaths among adolescents. Marijuana is the third most commonly used drug, and its use continues to steadily increase. Initiation of early sexual activity may be due to the perceived or real lack of family bonding, social bonding, or both. Adolescents may view sexual contact as

a form of communication that provides a feeling of connectedness. High rates of teen pregnancy and youth violence indicate the need for programs addressing adolescent communication skills and problem resolution skills. Programs aimed at decreasing risk-taking behaviors treat male and female adolescents the same and do not recognize differences between genders in attitudes and behaviors.

Family support encourages adolescents to engage in responsible behaviors. Risk-taking behaviors leading to alcohol and substance use, teen pregnancy, and youth violence are reduced when adolescents actively participate in community and school activities and perceive the family as supportive.

### Background

Nationally and locally attention has been directed toward the establishment of community-based programs that tackle issues affecting adolescents such as alcohol and substance use, early sexual initiation, and youth violence. According to the U. S. Bureau of the Census (1991), one in five white adolescents were growing up in a household headed by a single parent. Out of 100 children born today, 40 are subject to family divorce before age 18, and more than half of all children who live with a single mother also live in poverty. Risk factors that lead to sexual promiscuity include low self-esteem, individual or family abuse of drugs and alcohol, or abuse and neglect from parents (Peterson, Richmond, & Leffert, 1993). Thornberry (1994) reports that adolescents who are direct victims of violence are twice as likely to participate in violent behaviors than adolescents who have not experienced violence. Adolescents exposed to multiple forms of violence or neglect tend to perpetrate violent acts.

According to the 1996 Kentucky KIDS Count report, the total population of the county studied was 21,767 with 5,393 of the population under 18 years. Kentucky State Data Center (1990) census reports show that approximately 6% of the 7,794 households in the community where the study was conducted were headed by single parents. Studies have indicated divorce and poverty as risk factors for teen pregnancy, alcohol and substance use, and youth violence.

The source, Crime in Kentucky (1995A), compares juvenile alcohol related arrests with adult alcohol related arrests in the county studied. It is necessary to determine the community norms favorable toward a problem behavior to determine the extent that youth are participating in that behavior (Scheier & Botvin, 1997; Spoth, Redmond, Hockaday, & Yoo, 1996). Community norms favorable toward problem behaviors such as alcohol use, drug use, and violence are assessed by looking at the number of adults within the community arrested for participating in the problem behavior. Juvenile alcohol related arrests are not accurate indicators of alcohol use; often the arrests are made because of violence or delinquent behaviors with alcohol as a contributing factor rather than the cause of the actual arrest. In 1995, 261 adults were arrested in this county for alcohol related activities. This increase was a dramatic one over the preceding three years. The 1996 PRIDE Survey & Monitoring the Future reported national statistics versus county statistics related to alcohol and marijuana use among 8th and 10th grade students. Approximately 17% of the county's 8th and 22% of the 10th grade students reported using alcohol. Marijuana use within the past 30 days among the 8th grade students was 14%. This percentage was higher than the national

average of 11%. Approximately 17% of the 10th grade students reported using marijuana compared to the national statistic of 20%.

Teenage pregnancy rates for counties are reported in the Kentucky KIDS Count (1996) and Kentucky Vital Statistics reports (1995). During 1995 there was a total of 23 pregnant teens under eighteen years old resulting in 20 live births. Monitoring the number of births to unmarried mothers assesses community norms favorable toward teen pregnancy. In 1995, births to unmarried mothers in this county were 20% of the total number of births. Adolescent sexual activity is monitored by the number of reported cases of sexually transmitted diseases (Kentucky Department of Public Health, 1996). The total number of reportable sexually transmitted diseases among adolescents in this county was 35. While monitoring the number of sexually transmitted diseases is a good indicator of sexual activity, the actual number of cases would be higher than the reported number of cases because genital warts, herpes and trichomoniasis are not reportable diseases. Therefore the actual number of sexually active adolescents will be higher.

Statistics on violent crimes by juveniles are reported by the source Crime in Kentucky (1995B). Again the rates are not an actual indication because the crimes reported are those cases that actually went to court. Often the juvenile will be appointed a Court Designated Worker (CDW) who will intervene on behalf of the juvenile, thereby keeping the adolescent out of the court system. The risk factor for youth violence can be ascertained by monitoring the community norms favorable toward violence as indicated by the number of violent crimes committed by adults in the community. In 1995, there were 87 adult arrests for property crimes and 137 adult arrests for violent crimes. Social and environmental factors affecting adolescent behaviors include poverty, family

management problems, family conflict, and early and persistent behavior problems (Torres, Fernandez, & Dosil, 1995).

Many areas have developed interorganizational community-based committees whose purpose is to define and address the major problems encountered by adolescents within the community. Traditionally, different sectors of society have chosen different problem areas to tackle with few improvements realized. Priorities set forth in the Healthy People 2000 Objectives (1992) include goals to increase educational and community-based programs to reduce risk-taking behaviors. By coordinating their efforts, health care professionals, businesses, schools, law enforcement agencies, mental health agencies, public health agencies, and community leaders can create community-wide programs that will benefit adolescents and strengthen families.

#### Purpose

The purpose of this study was to investigate adolescent perceptions of risk-taking behaviors and determine how family and community support can reduce alcohol and substance use, early sexual intercourse, and youth violence. Student's attitudes and beliefs regarding their lifestyles and perceptions about their families and community were assessed. The information was obtained via self-report.

#### Framework

The Search Institute's 40 Developmental Assets Framework (1998) (Appendix A) was used in conjunction with the Health Promotion Model. Both provide for assessment of behaviors, attitudes, and perceptions to appraise the health and well-being of junior high and high school age students. The Developmental Assets Framework is divided into 20 external assets and 20 internal assets that young people

need to become responsible, healthy adults. Search Institute recommends that ideally all youth would have at least 25 of the 40 assets in order to thrive and overcome adversities. The greater the number of assets the greater the protection to prevent participation in risk-taking behaviors. The concept of developmental assets is relatively new, and few studies have been done to assess the validity of the twenty external and twenty internal developmental assets.

Pender's Health Promotion Model (Figure 1) was the nursing framework selected for determining adolescent behaviors, attitudes, and perceptions in relation to family and community. The Health Promotion Model is easy to understand, focuses on prevention and health promotion, and can be used in the community setting. The model has been used to explore the perceptions of children, adolescents, and adults regarding health promoting behaviors, healthy lifestyles within the context of family, community, school, and workplace (Pender, Walker, Sechrist, & Stromborg, 1990; Duffy, 1993; Weitzel & Waller, 1990; Walker, Sechrist, & Pender, 1987; Lannon, 1997; Coppens & Koziara, 1997).

### Theoretical Framework

Can communities reduce adolescent participation in risk-taking behaviors? The Health Promotion Model provides a theoretical framework to approach this issue. Application of this model is appropriate in the community setting because community-based programs recognize that an individual's well-being is determined by family, social, economical, and environmental factors. Community-based health promotion strategies coordinate the efforts of community organizations and media to spread information needed to improve the health and lifestyle of individuals and families.

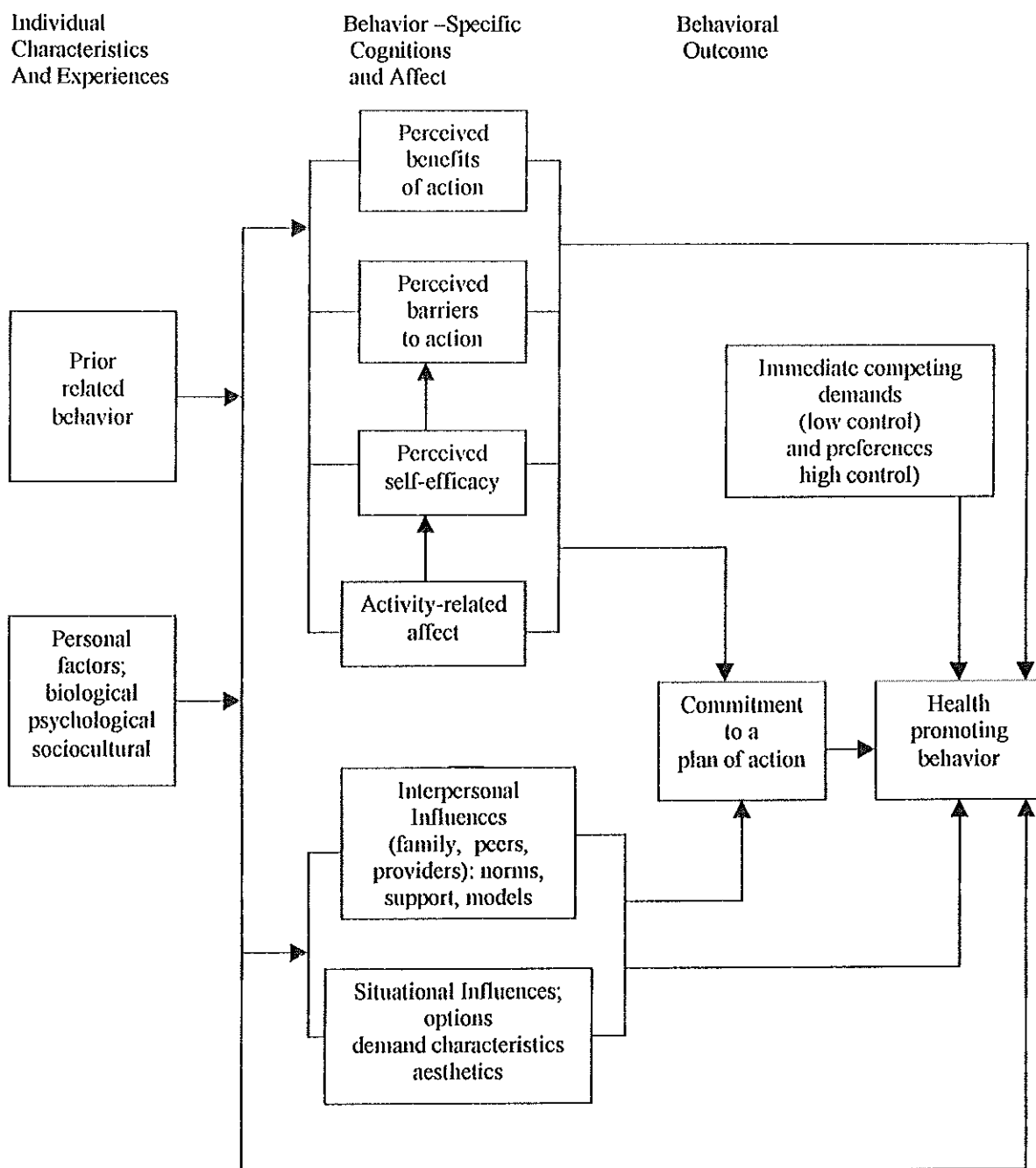


Figure 1. Pender's Health Promotion Model.

Note. From Health Promotion in Nursing Practice (3 rd ed.), by N. J. Pender, 1996, p.67, Stamford, CT: Appelton & Lange. Copyright 1997 by Appelton & Lange. Reprinted with written permission.



Many communities have conducted assessments to identify the needs of their members. By assessing populations, appropriate intervention programs can be initiated. The Health Promotion Model examines individual characteristics and experiences as motivators for healthy behaviors (Pender, 1996; Garcia et al., 1995).

Prior related behavior. The frequency with which a behavior has been used in the past and a desired outcome obtained the more likely individuals are to incorporate it into health belief system. Communities can help individuals by providing information on the benefits of particular behaviors. Programs aimed at prevention of teen pregnancy, alcohol and drug use, and youth violence have been effective (Levine, Toro, & Perkins, 1993; Dryfoos, 1994; Gore & Aseltine, 1995; Chung & Elias, 1996; Youniss et al., 1997). Programs should be geared toward the developmental level of individuals and perceptions of support systems (Allen et al., 1994; Coppens & Koziara, 1997).

Personal factors. Biological, psychological, and sociocultural factors influence individual behaviors. Biological variables include age, gender, and body size. Psychological variables include self-esteem and perceived health status. Sociocultural variables include race, education, and socioeconomic status (Duffy, 1993; Walker et al., 1990).

#### Behavior specific cognitions and affect

The variables in this category determine the individual's motivation. They are modifiable; thus it is important to adjust interventions to meet the specific needs of the adolescent (Allen et al., 1994).

Adolescent perceptions of self-efficacy have an enormous impact on their participation in positive behavior or problem behavior. Perception of the ability to handle

situations skillfully is a motivator to engage in positive behavior (Bempechat et al., 1989; Garcia et al., 1995; Torres et al., 1995). Adolescents who participate in community and school activities have shown self-efficacy and are less likely to participate in problem behaviors (McBride et al., 1995; Chung & Elias, 1996).

Interpersonal influences. Interpersonal influence concerns the individual's perception of the behaviors, beliefs, or attitudes of family, peers, and community. These perceptions may or may not be based on reality. Adolescent behaviors are affected by interpersonal influences such as family values and expectations, social support, and learning through observation of others participating in certain behaviors (Holland & Andre, 1994).

Adolescents learn from examples set by role models; therefore, it is imperative for community-based programs to stress the importance of the role of the family and community adults as positive, healthy models for youth (Blyth & Leffert, 1995; Cox & Billingsley, 1996; Lavin, Shapiro, & Weill, 1992). When adolescents judge benefits to outweigh the cost of a behavior and perceive positive family, peer, and community support they will commit to a plan of action and participate in a health-promoting behavior. The participation in health promoting behaviors is the desired behavioral outcome of the Health Promotion Model.

#### Research Questions

This investigator sought to identify perceptions, risk-taking behaviors, and levels of developmental assets reported by twelfth grade adolescents in a rural Kentucky community. Two specific questions were addressed:

1. Is there a difference between male and female self-reports of risk-taking

behaviors?

2. Do students participating in risk-taking behaviors have low levels of developmental assets?

### Definition of Terms

The following terms have been defined for purposes of this study

1. Adolescent/student/youth. Refers to the individuals surveyed in this study. Participants were enrolled in twelfth grade in a rural Kentucky school system.
2. Family. Refers to the persons or person who provides for the housing, clothing, physical, and emotional needs of the adolescent.
3. Community. Refers to the social system and nonfamily adults with whom the adolescent has contact. It consists of, but is not limited to school, religious, and neighborhood settings.
4. Risk-taking behaviors. Refers to participation in alcohol and substance use, early sexual involvement, and violent behaviors.

### Assumptions

Six assumptions have been identified and provided a basis for this study.

1. The 40 developmental assets are common and crucial to all youth regardless of community size, region of the country, gender, family economics or race/ethnicity (Search Institute, 1998).
2. Consistent messages about appropriate and acceptable behaviors are not provided by families, schools, and communities.
3. Family and community support encourages adolescents to engage in positive behaviors.

4. Family and community support reduces risky behaviors that lead to alcohol and substance use, early sexual intercourse, and youth violence.
5. Family and community members serve as role models for adolescents.
6. Adolescents will be truthful when self-reporting attitudes, behaviors, and perceptions.

#### Significance to Nursing

Adolescent perceptions of risk-taking behaviors and the role of the family and community to reduce risk-taking behaviors are significant to nursing with regard to public health issues. Nurses working in public, school, and community health settings provide care and educational information for adolescents who present with problems such as teen pregnancy, sexually transmitted diseases, substance use (alcohol, illicit drugs, and tobacco), and youth and domestic violence. Other issues of concern are the Safe Schools Act and schools as drug free zones.

Another area of significance to nursing is the role of the nurse as a leader. Nurses are in the ideal position to lead community initiatives in addressing ways to reduce risk-taking behaviors among adolescents and in designing programs aimed at prevention and intervention. Nurses possess the insight and education to assess, diagnose, plan, implement, and evaluate the needs of communities and individuals.

Government policies affecting the health and safety of adolescents, families, and communities also impact nursing. Increased awareness of policies is essential for nurses to be effective as advocates and educators. Healthy People 2000 Objectives (1992), tobacco legislation, family and domestic violence legislation, welfare reform, and Safe

School legislation are only a few policy areas that have a direct significance on adolescents and how they perceive the community in which they live.

There have been numerous studies on adolescents' perceptions of family and community support and their effects on reducing risky behaviors. This writer evaluated the developmental assets of twelfth grade students in a rural Kentucky school system. The information obtained will provide a foundation for the establishment of community-based interventions.

## CHAPTER II

### REVIEW OF LITERATURE

Community support is effective in reducing alcohol and substance use, early sexual intercourse, and youth violence, but many communities lack coordination to assess the needs of adolescents or offer quality programs to enhance youth participation as responsible citizens. Priorities set forth in the Healthy People 2000 (1992) objectives include goals to increase educational and community-based programs. The results of several studies have indicated that increased involvement in community and school programs can reduce adolescent problem behaviors.

Communities and schools have the responsibility to prepare young people to enter society as productive members; however, today's youth are less prepared and more lacking in social skills needed to enter society than are preceding generations (Heeb & McGinnis, 1995). The lack of community support and undesirable community characteristics lead to increased rates of alcohol and substance use, teen pregnancy, and youth violence. The use of alcohol and drugs contributes to unintended teen pregnancy, risky sexual behaviors, homicides, and multiple forms of violent behaviors--demonstrating a correlation between these behaviors.

It is often hard to determine the actual number of legal cases involving adolescents using alcohol or drugs due to other factors such as charges involving violence or forms of delinquency. One indicator for adolescent alcohol and drug use is the number of adults in a community convicted on alcohol and drug charges. Children learn by

example; if they perceive adult acceptance of drug and alcohol use they are more likely to participate in these activities (Blyth & Leffert, 1995; Scheier & Botvin, 1997; Spoth, Redmond, Hockaday, & Yoo, 1996). The same is true for sexual activity and violence.

### Adolescents

#### Social support and adolescent's perceived well-being

Adolescents are more likely to participate in risky behaviors if their family and social bonds are weak. Burke and Weir (1978) found that female adolescents with weak family bonds often turned to peers for support when they were having problems. This situation coupled with the fact that girls report more emotional and physical stress than do boys leads them into early sexual relationships, where sex is perceived as love (Wynn, Richman, Rubinstein, & Littell, 1987). McBride et al. (1995) surveyed 4,622 ninth grade students and 3,936 twelfth grade students to assess levels of school and community bonding in relation to risk taking behaviors. Grade and gender differences were assessed using factor analysis, path analysis, and assessment of fit. It was determined that regardless of gender students reporting strong bonds to community and school were less likely to participate in risk-taking behaviors.

Social and environmental factors affecting adolescent behaviors include poverty, family management problems, family conflict, and early and persistent behavior problems. In a study by Torres, Fernandez, & Dosil (1995) one hundred subjects ranging in age from 12-13 years and 16-17 years were surveyed using three instruments. Self-esteem was measured using Gordon's Personal Profile, value of health was assessed by the Value of Health Scale, and health behavior was measured by the Health Behavior Questionnaire. Strong correlations were found between self-esteem and personal health,

mental health, and healthy behaviors. The authors further found that the social environment affects health behaviors regarding drug use and smoking.

Literature regarding correlations between adolescents' perceived social support and perceived well-being concentrates on the parameters of psychosocial perceptions, demographic data, and health perceptions. Yarcheski, Mahon, & Yarcheski (1992; 1997) used factor analysis to determine if there was a correlation. Three hundred twenty-five adolescents aged 12-21 were surveyed using an instrument addressing the three parameters and there was a positive correlation. Positive social support from family, adults, and peers reduced participation in problem behaviors such as tobacco use, alcohol and drug use, and early sexual involvement.

#### Community bonding and reduced risk taking

Blyth & Leffert (1995) used the Search Institute's Profiles of Student Life: Attitudes and Behaviors survey to study 33,397 youth in grades nine through twelve in 112 communities. The study was descriptive and illustrative in examining the youths' perceptions of the strengths of their family, school, community-involvement, and peers. The level of strengths was then compared to three community types. Community was strictly defined and was the unit of analysis. Youth with fewer developmental assets benefited by living in healthy communities. Youth who had fewer assets and lived in less healthy communities participated in risk-taking behaviors at an earlier age. The research also indicated that youth living in the least healthy communities also had higher numbers of problem behaviors beginning at earlier ages.

Chung & Elias (1996) used cluster analysis to identify adolescents who show distinct problem behaviors. These groups were compared on measures of self-efficacy,



social competency, and life events. Adolescents who participated in community and school activities showed decreased participation in problem behaviors and reported more positive self-efficacy and improved academics.

Using factor analysis and one-way ANOVA's, Youniss, Yates, & Su (1997) determined that social bonding influences risk-taking behaviors. Data were studied from three consecutive years of the Monitoring the Future survey that involved 3,119 high school seniors. A within sample comparison of the reported data was studied. It was found that adolescent participation in adult-endorsed, peer activities fostered autonomy and volunteerism in community service activities. School and community environment influences adolescent bonding and is a predictor of engaging in risk-taking behaviors.

A quasi-experimental design was used in a replication study of the Teen-Outreach Program. One thousand students participated in the pre-post survey. The comparison and control students were selected by one of three methods: student nomination, random selection, and selection by school personnel. It was determined that community service promotes autonomy and self-esteem and lowers problem behaviors in adolescents (Allen, Kuperminc, Philliber, & Herre, 1994).

Barber & Olsen (1997) conducted a factor analysis of a 4-year longitudinal study of approximately 925 families. A review of the sample is as follows: 900 fifth and eighth grade students from Ogden, Utah, 70% white, 84% middle income, and 46% Mormon. Survey questions reviewed family interaction, personality, behaviors and peer, school and community experiences. The purpose of the study was to describe adolescent socialization with the family, school, neighborhood, and peers. In this sample it was found that the percentage of youth who spent time with non-family, neighborhood adults

was so small it made interpretation difficult. Research concluded that positive family and peer experiences have a positive effect on social experiences. Further analysis of the data concluded that interaction with adults in their community did not play a significant role in socialization.

Gore & Aseltine (1995) studied a sample of 1,036 adolescents from grades nine, ten, and eleven in the Boston area. This study examines adolescent response to stress and how the family, peers, and personal factors influence resilience. Differences between gender were assessed. The overall study was analyzed using the Time 1 and Time 2 assessments of stressors. Adolescent girls were found to be more vulnerable to stress than boys. Family support was useful in buffering personal stress for both males and females.

### Summary

There are consistent findings that adolescent social bonding reduces the likelihood of participation in alcohol and substance use, early sexual activity, and youth violence. Studies done by Yarcheski et al.(1992; 1997) were conducted mainly to test the validity of instruments. They did however provide important information regarding adolescents' social supports.

Barber & Olsen (1997) found that the family has a positive effect on social experiences. Analysis of data from their sample concluded that interaction with adults in their community did not play a significant role in socialization. This finding is inconsistent with their literature review and with sources cited in this study. A possible explanation for the inconsistency was that the percentage of youth who spent time with non-family, neighborhood adults was so small it made interpretation of the data difficult.

With the exception of the inconclusive data from Barber & Olsen, research indicated the importance of the role of the community in adolescent socialization. Research also indicates there are differences between gender in perception of risk-taking behaviors. The purpose of this study was to determine how family and community support can reduce alcohol and substance use, early sexual intercourse, and youth violence. See Table 1 for a comparison of selected studies.

Table 1: Description of Selected Studies on the Impact of Family and Community on Adolescents

Reference	Sample	Repeated Measures?	Control or Comparison Group?	Analytic Methods	Significant Findings
Allen et al., 1994	1000 students	Pre/Post Tests	Comparison and control group	Factor analysis	Community service promotes autonomy and self esteem and lowers problem behaviors in adolescents.
Barber & Olsen, 1994	925 families	4 year longitudinal study	Within sample comparison of adolescent socialization	Factor analysis	Positive family and peer experiences have a positive effect on social experiences.
Blyth & Leffert 1995	33,397 youth grades 9-12. 112 communities	No repeated measures Profiles of student Life Survey	Within sample comparison of reported data	Community used as unit of analysis	Youth with few assets benefit by living in healthy communities.
McBride et al., 1996	4,622 ninth graders 3,936 twelfth graders	No repeated measures. Data collected during onetime survey.	Within sample comparison of subjects	Factor analysis Path analysis Assessment of fit	Regardless of gender, students who reported high levels of school and community bonding were less likely to participate in binge drinking, smoking, illicit drug use, and sexual activity
Torres et al., 1995	100 subjects ages 12-13 and 16-17	No repeated measures. 3 different instruments used to measure the following: Self-esteem, Gordon's personal profile, Value of health, Value of health scale, and health behavior, Health Behavior Questionnaire.	Within sample comparison of subjects	Correlations	It is important for adults to strengthen adolescent self-esteem and value of health because of the strong correlations between self-esteem and personal health, mental health, and health behavior. Social environment affects health behavior with regards to drug use and smoking.
Youniss, Yates, & Su, 1997	3,119 high school seniors	No repeated measures. Data taken from "Monitoring the Future" surveys for years 1990, 1991, and 1992.	Within sample comparison of reported data.	Factor analysis One-way ANOVAs	Adolescents who participate in adult-endorsed peer activities demonstrate responsible actions, autonomy, and participate in community-service activities.

## CHAPTER III

### METHOD

A sample of convenience of twelfth grade students participated in the Search Institute's Profiles of Student Life (PSL): Attitudes and Behaviors survey. The survey provided an assessment of the students' perceptions regarding alcohol and substance use, early sexual intercourse, and patterns of youth violence. The study looked at levels of developmental assets in relation to risk-taking behaviors.

Specifically this study was designed to answer the following questions:

1. Was there a difference between male and female self-reports of risk-taking behaviors?
2. Did students who participated in risk-taking behaviors report low levels of developmental assets?

#### Research Design

The design of this study was a comparative descriptive study of adolescent perceptions, behaviors, and attitudes regarding risk-taking behaviors and the role of the family and community in the reduction of those behaviors.

#### Sample and Setting

The setting for the study was a rural Kentucky high school with a total enrollment of approximately 1148 ninth through twelfth grade students. Due to lack of funding, and the cost of survey administration and analysis, the school board decided to survey a sample of the twelfth grade students. The total twelfth grade population was 242.

Approximately one-half of the total twelfth grade population or 121 seniors were enrolled in English IV during the spring semester. The English IV class was chosen because it was the only class consisting entirely of seniors. Students who were present on the day of survey administration and who had returned signed parental consent were allowed to take the survey. Eighty-two of the 121 twelfth grade students participated in the study. Reasons for this low number includes students who were absent on the day the survey was administered, students who did not have parental permission, and students who chose not to participate. The researcher was unable to obtain the number of the students who refused to participate even though they had parental consent. Criteria for inclusion in the study were signed parental consent to participate in the survey, verbal student assent to participate, and student attendance on the day the survey was administered.

### Measurement Methods

The Search Institute Profiles of Student Life (PSL) survey, consisting of 156 questions and statements, was developed by the Search Institute in Minneapolis, Minnesota (Appendix B). A Likert scale is used to determine attitudes and frequency of behaviors. The 156-item survey consists of multiple choice questions and attitudinal scales seeking information about adolescent attitudes and behaviors. It takes approximately 30 to 45 minutes to complete at a sixth grade reading level. The PSL consists of three sections: a short demographic section, a section entitled "About School," and a section entitled "About Me." Specific questions and statements from each section are reorganized into five categories for item mapping, allowing for a better database for attitude and behavior assessment: assets; deficits; risk-taking behaviors; high-risk

behaviors; and thriving indicators. Blyth & Leffert (1995) used a version of this survey in their study of communities and adolescents.

### Procedure

Before the survey was administered, the Youth Service Center coordinator at the high school obtained signed parental consent forms, which allowed students to participate. The forms were kept on file at the school for one school year. Those students who did not return consent forms were not allowed to take the survey and were not penalized. During homeroom class, a timeframe of 45 minutes was allotted for students to take the survey. Those not completing the survey were allowed to use that time as a free period to work on other projects. When students finished, teachers collected the surveys, placed them in a manila envelope and returned them to the board of education. The board of education sent the completed surveys to the Search Institute in Minneapolis where the data was analyzed and interpreted. A report was generated and returned to the board of education. The report was reviewed and the researcher made interpretations.

### Ethical Considerations

This project was reviewed and approved before data collection started. The review process for this project occurred in a series of steps. The thesis committee was selected and their review of the proposal application was completed prior to submission to the University Human Subjects Review Committee. The proposal application was reviewed and approved by the Western Kentucky Human Subjects Review Committee (Appendix C).

To ensure anonymity of participants, no names or identification numbers were used. No codes were used to identify data.

#### Benefits and risks

The findings of this survey provided insights about the lifestyle of twelfth grade youth in this rural Kentucky community. It contained information about the adolescents' internal strengths and external supports. Determining the developmental assets, internal and external, of the adolescents in this study served as the catalyst for bringing together and empowering numerous sectors of the community in an effort to build assets and help youth become responsible and productive community members.

The risk involved with this survey was the risk of increasing the individual's awareness of family and community support or lack thereof. Because this research project involved reviewing data that had already been collected, no contact was made with adolescents-- a vulnerable group.

Each area of methodology was assessed to ensure the limitation of risks to the study participants. Ethical considerations were followed according to university guidelines. Benefits for the participants as well as their community were identified and intervention strategies discussed.



## CHAPTER IV

### RESULTS

The information in this section provides a description of the sample including the size and characteristics. Information is provided regarding data analysis techniques. Major findings are reported in narrative form. Tables are used to simplify narrative data.

#### Subject Population

The sample of convenience consisted of 82 (n) high school seniors (33 males; 49 females) from a total class population of 242. All participants were twelfth grade students taking English IV during the spring semester 1997. Of this group, the majority were white (98%) with the remainder of the population being multiracial (2%), there were no black, Hispanic, American Indian, or Asian participants. Students verbally agreed to participate after returning parental consent forms, but written assent was not obtained.

#### Data Analysis

The survey requested demographic information regarding age, grade, sex, race, and family make-up. Data were measured using frequency tables, percentages, descriptive statistics, and chi-square. Frequency tables were used to organize data for examination. Data was organized according to gender, behavior, and asset levels. Percentage distributions indicated the percent of the sample that participated in risky behaviors and reported different asset levels.

The investigator used descriptive statistics to examine the relationship between reported risk-taking behaviors and levels of assets. Data were examined from a number of angles to determine how adolescents' perceptions affected their behaviors and if there was a difference between male and female self-reports of risk-taking behaviors.

The chi-square tested for differences in frequencies and determined that there was a difference between male and female self-reports of risk-taking behaviors. In addition, there was a relationship between risk-taking behaviors and the level of developmental assets an individual possesses.

### Research Questions

#### Research question one

The first research question answered by this study was the following: is there a difference between male and female self-reports of risk-taking behaviors?

Differences in alcohol and substance use between genders. The chi square method was used to test alcohol and substance use related to risk-taking behaviors between genders. Four of the five risk-taking behaviors were statistically significant. The exception was marijuana use  $\chi^2 (1, N = 82) = 3.65, NS$  (see Table 2).

In testing the differences between genders regarding alcohol use males were found to report more alcohol use in the last 30 days than females. Frequency of getting drunk was also increased among the male participants.

Substance abuse was subdivided into tobacco, inhalants, marijuana and other drug use. Males consistently reported smoking cigarettes and using smokeless tobacco more frequently than females. No female in this study used smokeless tobacco, which is consistent with societal norms.

Inhalant use among males was higher than among females, but use was low across both genders. Six percent of males reported using inhalants compared to two percent of females. There was no significant difference found with regard to marijuana use.

Analysis of twelfth graders' use of other illicit drugs once or more in the last twelve months found a significant difference between genders with males reporting use of illicit drugs more than females.

Table 2  
Chi Square Value and Percent of Males and Females Reporting Alcohol and Substance Use Related Risk-Taking Behaviors

Risk-Taking Behavior Category	Gender %		$\chi^2$
	M	F	
Alcohol			
Used alcohol once or more in the last 30 days.	55	39	63.95*
Got drunk once or more in the last two weeks.	33	22	12.95*
Tobacco			
Smoked cigarettes once or more in the last 30 days.	48	33	39.5*
Used smokeless tobacco once or more in the last 12 months.	58	0	102.2*
Inhalants			
Sniffed or inhaled substances to get high once or more in the last 12 months.	6	2	35.9*
Marijuana			
Used marijuana once or more in the last 12 months.	33	24	3.65
Other Drug Use			
Used other illicit drugs once or more in the last 12 months.	19	10	20.05*

\*p < 0.05

Difference in report of sexual intercourse patterns between genders. Sexual activity among twelfth grade males and females was assessed by self-report of having sexual intercourse one or more times. Seventy-three percent of males reported having sexual intercourse one or more times compared to 77% of the females. Females participated in sexual activity at a statistically significant higher rate than males  $\chi^2 (1, N = 82) = 214.08, p < 0.05$ .

Differences in violent behaviors between genders. Violent behavior patterns were divided into six subgroups with each demonstrating statistically significant differences between male and female participants (Table 3). Males consistently reported participating more frequently in the following violent risk-taking behaviors: physically hurt someone once or more in the last twelve months, used a weapon to get something, been in a group fight once or more in the last twelve months, carried a weapon for protection, and threatened physical harm to someone. Females reported hitting someone once or more in the last twelve months at a statistically significant higher rate than males 77% and 30% , respectively. This finding was unexpected and will be addressed in-depth in the discussion section. Although there is a significant difference between males and females in use of a weapon to get something, it should be noted that only 3% of males and 0% of females reported this activity.

#### Research question two

The second research question answered by this study was did students who participated in risk-taking behaviors report low levels of developmental assets?

Table 3  
Chi Square and Percent of Males and Females Who Report Violent Risk-Taking Behaviors

Risk-Taking Behavior Category	Gender %		$\chi^2$
	M	F	
Violence			
Hit someone once or more in the last 12 months.	30	77	11.53*
Physically hurt someone once or more in the last 12 months.	18	4	22.73*
Used a weapon to get something from a person once or more in the last 12 months.	3	0	44.45*
Been in a group fight once or more in the last 12 months.	12	2	29.33*
Carried a weapon for protection once or more in the last 12 months.	25	4	23.78*
Threatened physical harm to someone once or more in the last 12 months.	50	24	46.2*

\*p < 0.05

#### Risk-taking behaviors and developmental asset levels

Chi square was used to assess for statistically significant relationships between twelfth grader participation in risk-taking behaviors and the number of developmental assets reported. Data were collapsed into four levels of assets: 0-10, 11-20, 21-30, and 31-40. Data are not shown for levels 0-10 and 31-40 because fewer than twenty youth were represented in those asset levels, thereby potentially compromising participant

anonymity and yielding unstable results. Since no data was reported for levels 0-10 and 31-40, only data for levels 11-20 and 21-30 will be shown in Table 4.

Alcohol and substance use. Fewer students reporting assets in the range of 21-30 used alcohol once or more in the last 30 days than did those reporting assets in the range of 11-20. Students with higher assets also reported getting drunk less frequently than those with lower levels of assets.

Substance use was divided into the following subgroups: tobacco, inhalants, marijuana, and other drug use. The percentage of students with higher levels of assets (21-30) who participated in risk-taking behaviors were consistently lower than those with fewer asset levels (11-20) who participated in the risk-taking behaviors of substance use. Categories and asset levels demonstrated statistically significant results (Table 4).

Sexual intercourse. The percentage of students participating in sexual intercourse one or more times with 11-20 assets (78%) was greater than the percentage who had 21-30 assets (63%).

Violence. Violent behaviors were divided into the six subgroups previously identified: hit someone, physically hurt someone, use of a weapon, participation in a group fight, carried a weapon for protection, and threatened physical harm. Each area yielded statistically significant findings with regard to the level of assets reported in relation to the specific behavior. More students with assets in the 11-20 range reported hitting someone, physically hurting someone, been in a group fight, and threatening to harm someone, than did those students who reported assets in the 21-30 range (Table 4). It is of interest to note that more students with assets in the 21-30 range reported using a

weapon to get something and carried a weapon for protection than did those students with assets in the 11-20 range.

### Validity and Reliability

Search Institute was contacted to determine if validity and reliability data were available for the PSL survey instrument. Through personal communication, this researcher was unable to determine the extent to which validity and reliability has been established. Blyth & Leffert (1995) conducted research using the PSL, and findings were consistent with the present study.

### Summary

The Profiles of Student Life survey provided information regarding differences between gender reports of risk-taking behaviors and levels of assets. All areas yielded statistically significant results with the exception of marijuana use. An unexpected finding was the percent of females who reported hitting someone in comparison to males who reported the same behavior. As expected, males participated more frequently in alcohol and other substances, with the exception of marijuana, more frequently than did females.

Females reported having sexual intercourse at a statistically significant higher rate than males. Males participated in violent behaviors more frequently than females with the exception of hitting.

High levels of developmental assets were associated with lower levels of participation in risk-taking behaviors. The same was true for all areas except using a weapon to get something they want and carrying a weapon for protection.

Table 4  
Chi Square and Percent of Youth Reporting Numbers of Assets in Relation to Risk-Taking Behaviors

Risk-Taking Behavior		Percent of Youth Reporting Number of Assets <sup>a</sup>		$\chi^2$
Category		11-20	21-30	
Alcohol				
	Used alcohol once or more in the last 30 days.	64	22	152.1*
	Got drunk once or more in the last two weeks.	45	11	21.65*
Tobacco				
	Smoked cigarettes once or more in the last 30 days.	64	15	159.63*
	Used smokeless tobacco once or more in the last 12 months.	30	15	23.13*
Inhalants				
	Sniffed or inhaled substance to get high once or more in the last 12 months.	9	0	64.02*
Marijuana				
	Used marijuana once or more in the last 12 months.	39	11	21.05*
Other Drug Use				
	Used other illicit drugs once or more in the last 12 months.	25	4	38.03*
Sexual Intercourse				
	Has had sex one or more times.	78	63	49.33*
Violence				
	Hit someone once or more in the last 12 months.	30	7	29.73*



Table 4 (continued)  
Chi Square and Percent of Youth Reporting Numbers of Assets in Relation to Risk-Taking Behaviors

Risk-Taking Behavior	Percent of Youth Reporting Number of Assets <sup>a</sup>		$\chi^2$
Category	11-20	21-30	
Violence			
Physically hurt someone once or more in the last 12 months.	12	4	52.0*
Used a weapon to get something from a person once or more in the last 12 months.	0	4	72.4*
Been in a group fight once or more in the last 12 months.	6	0	68.9*
Carried a weapon for protection once or more in the last 12 months.	12	19	30.63*
Threatened physical harm someone once or more in the last 12 months.	42	22	8.2*

Note. <sup>a</sup>Data are not shown for this level because fewer than 20 youth represent this asset level, potentially compromising anonymity and yielding unstable results.

\*p < 0.05

## CHAPTER V

### DISCUSSION

In this study the differences in risk-taking behaviors between genders and numbers of developmental assets for students participating in risk-taking behaviors were explored. Findings were consistent with the review of the literature and answered the research questions: a) is there a difference between male and female self-reports of risk-taking behaviors? and b) did students participating in risk-taking behaviors have low levels of developmental assets?

#### Research question one

Alcohol and substance use. Consistent with research, there were differences between genders in risk-taking behaviors. Males were more likely to participate in alcohol and substance use than females, this finding was consistent with those from Scheier & Botvin (1997). Findings were significant in both use of alcohol in the last thirty days and getting drunk once or more in the last two weeks. The frequency of use decreased across gender and the significance decreased between gender. The indication is that while many twelfth graders have used alcohol they are not using it on a regular basis.

Use of tobacco products was significantly higher among males. More males than females reported smoking once or more in the last thirty days. Fifty-eight percent of the male participants used smokeless tobacco once or more in the last twelve months; it was no surprise that the percent of females using smokeless tobacco was zero.

Use of inhalants demonstrated a significant difference between gender, but use was low among both males and females. While on the surface, this is an encouraging finding it is most likely due to the age of participants and the availability of other drugs as drugs of choice. Teens often begin using drugs as a way to decrease discomfort of their perceived lack of control over situations (Scheier & Botvin, 1997; Bempechat et al., 1989).

There was no significant statistical difference between gender in use of marijuana. This finding is consistent with research by Bempechat et al. (1989). Marijuana is easy to obtain, and the stigma once attached to its use has subsided over the years. Use of other illicit drugs did show significant differences between gender.

Many of the factors that lead to substance use are the same for males and females and include parental substance use, peer use, parental absence, hypocritical morality, school failure, truancy, and alienation from societal norms. When adolescents have positive bonding and attachments to the community and school, they are less likely to participate in alcohol use, tobacco use, and illicit drug use (McBride et al., 1995).

#### Sexual intercourse

The results of this study revealed significant differences between males and females in the area of sexual intercourse. More females reported participating in sexual intercourse one or more times than did males. This finding is consistent with research conducted by Burke and Weir (1978), who found that females were more likely to turn to peers for support when they were having problems. Girls also tend to report more emotional and physical stress than boys do and will often get into sexual relationships, perceiving sex as love (Wynn, Richman, Rubinstein, & Littell, 1987). According to

McBride et al. (1995), males and females who report strong social and school bonding are less likely to be sexually active.

### Violence

All divisions of violent behavior patterns demonstrated significant differences between gender. Of particular interest was the unexpected finding of the high percentage of females who reported hitting someone once or more in the last twelve months. One explanation is that girls are hitting more frequently than males. Another explanation is that females are interpreting this question to mean all episodes of hitting including those done in joking with friends without intending to inflict harm. Further research is needed to determine whether this is truly a trend or if the question merely needs to be qualified to define hitting.

Another finding of interest was the percentage of students who had used a weapon to get something from another person. Three percent of the male participants and zero percent of the females reported using a weapon. Considering the increased number of violent episodes in which teen have used weapons, further study with a more representative sample may yield different results. Thornberry (1994) studied the effect of violence on adolescents and found that those exposed to direct violence were twice as likely to participate in violent behaviors.

### Research question two

Developmental assets. Students participating in risk-taking behaviors reported lower levels of developmental assets. The percentage of students who participated in risk-taking behaviors and reported asset levels of 11-20 was higher than the percentage of students reporting asset levels of 21-30. The indication is that the higher the number of

assets an adolescent has, the less likely the participation in risk-taking behaviors.

Adolescents who participate in community and school activities and who have strong family bonds are less likely to participate in problem behaviors (Thornberry, 1994; Torres, Fernandez, & Dosil, 1995; McBride et al., 1995).

There were two inconsistencies regarding developmental assets and risk-taking behaviors. Four percent of the participants reporting 21-30 assets also reported using a weapon to get something from a person, while zero percent of the participants reported 11-20 assets. Another inconsistency was nineteen percent of the participants who reported 21-30 assets also reported carrying a weapon for protection, while twelve percent of the participants reported 11-20 assets and carrying a weapon for protection. One would expect the opposite effect considering the levels of developmental assets (Blyth & Leffert, 1995). Examples of these inconsistencies have been presented in the media. Numerous reports of adolescents who have supportive families and strong social support using violence and weapons to commit horrific offenses; such reports have occurred with increasing frequency. Further studies using a larger more representative sample are needed to determine if these inconsistencies are representative of an actual trend.

#### Limitations.

There were limitations to this study. First, the population of students participating in this survey was a small, sample of convenience limited to students who had signed parental consent. Second, students who had parental consent had to be in attendance the day the survey was administered. Third, there were students who had signed parental consent and were in attendance but who chose not to participate in the survey. Lastly,

students completing the survey had to be able to read at a sixth-grade reading level.

These limitations restricted the representativeness of the sample.

Another limitation for this study was the researcher's inability to determine validity and reliability of the PSL survey instrument. However, findings are consistent with studies mentioned in the review of the literature and with Blyth & Leffert's (1995) study using a version of the PSL survey.

### Implications

This study was an initial step toward addressing the role of the family and community as support for adolescents to help reduce alcohol and substance use, early sexual initiation, and youth violence. Because of the lack of representativeness and the first time of administration of the survey in this county, the findings of this study cannot be applied to other twelfth grade students or other adolescent populations. It can, however, be used as a pilot study for community leaders to begin assessing the needs of the youth within that community.

### Recommendations

In the future, surveys should be administered to a wider student population. The Profiles of Student Life survey is an instrument designed for students in grade six through twelve. Strategies need to be implemented to ensure that all students who have signed parental consent and give verbal assent are allowed to participate in the survey. More specifically, arrangements should be made for administration to students who are absent on the date of survey administration.

It would be of particular interest to survey students in grades six prior to middle school entry, students in grade eight, and in grades ten and twelve to determine if there is

a correlation between grade level and risk-taking behaviors. This question should also be pondered: is there a correlation between age and asset levels? Future studies may answer these questions.

The results of this study supported past research with the findings that there is a difference between gender regarding risk-taking behaviors. A major focus should be programs that address the needs of each gender. Females require programs that will enhance self-efficacy and build self-esteem. Males need programs aimed at appropriate management of anger. Both genders need programs aimed at appropriate methods of conflict resolution, and all youth need positive adult role models.

### Summary

Research suggests that when families and communities meet the basic human needs of safety, support, respect, and belonging, youth thrive and demonstrate these qualities-- becoming a viable part of the community. The present report was the first one generated assessing youth in this community. Further research using younger adolescents is needed regarding the role of developmental assets, family, and community support in the reduction of risk-taking behaviors.

The research findings also illustrate the importance and the need for prevention and intervention programs aimed at deviant behaviors. This information aids health care providers, social service providers, educators, and community leaders in the commitment to develop programs to facilitate and enhance youth bonding to family and community.

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## APPENDIX A

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### Search Institute's 40 Developmental Assets Framework

	CATEGORY	ASSET NAME AND DEFINITION
<b>External Assets</b>	<b>Support</b>	<ol style="list-style-type: none"> <li>1. Family support-Family life provides high levels of love and support.</li> <li>2. Positive family communication-Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).</li> <li>3. Other adult relationships-Young person receives support from three or more nonparent adults.</li> <li>4. Caring neighborhood-Young person experiences caring neighbors.</li> <li>5. Caring school climate-School provides a caring, encouraging environment.</li> <li>6. Parent involvement in schooling-Parent(s) are actively involved in helping young person succeed in school.</li> </ol>
	<b>Empowerment</b>	<ol style="list-style-type: none"> <li>7. Community values youth-Young person perceives that adults in the community value youth.</li> <li>8. Youth as resources-Young people are given useful roles in the community.</li> <li>9. Service to others-Young person serves in the community one hour or more per week.</li> <li>10. Safety-Young person feels safe at home, at school, and in the neighborhood.</li> </ol>
	<b>Boundaries &amp; Expectations</b>	<ol style="list-style-type: none"> <li>11. Family boundaries-Family has clear rules and consequences and monitors the young person's whereabouts.</li> <li>12. School Boundaries-School provides clear rules and consequences.</li> <li>13. Neighborhood boundaries-Neighbors take responsibility for monitoring young people's behavior.</li> <li>14. Adult role models-Parent(s) and other adults model positive, responsible behavior.</li> <li>15. Positive peer influence-Young person's best friends model responsible behavior.</li> <li>16. High expectations-Both parent(s) and teachers encourage the young person to do well.</li> </ol>
	<b>Constructive Use of Time</b>	<ol style="list-style-type: none"> <li>17. Creative activities-Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</li> <li>18. Youth programs-Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.</li> <li>19. Religious community-Young person spends one or more hours per week in activities in a religious institution.</li> <li>20. Time at home-Young person is out with friends "with nothing special to do" two or fewer nights per week.</li> </ol>
<b>Internal Assets</b>	<b>Commitment To Learning</b>	<ol style="list-style-type: none"> <li>21. Achievement motivation-Young person is motivated to do well in school.</li> <li>22. School engagement-Young person is actively engaged in learning.</li> <li>23. Homework-Young person reports doing at least one hour of homework every school day.</li> <li>24. Bonding to school-Young person cares about her or his school.</li> <li>25. Reading for pleasure-Young person reads for pleasure three or more hours per week.</li> </ol>
	<b>Positive Values</b>	<ol style="list-style-type: none"> <li>26. Caring-Young person places high value on helping other people.</li> <li>27. Equality and social justice-Young person places high value on promoting equality and reducing hunger and poverty.</li> <li>28. Integrity-Young person acts on convictions and stands up for her or his beliefs.</li> <li>29. Honesty-Young person "tells the truth even when it is not easy."</li> <li>30. Responsibility-Young person accepts and takes personal responsibility.</li> <li>31. Restraint-Young person believes it is important not to be sexually active or to use alcohol or other drugs.</li> </ol>
	<b>Social Competencies</b>	<ol style="list-style-type: none"> <li>32. Planning and decision making-Young person knows how to plan ahead and make choices.</li> <li>33. Interpersonal competence-Young person has empathy, sensitivity, and friendship skills.</li> <li>34. Cultural competence-Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</li> <li>35. Resistance skills-Young person can resist negative peer pressure and dangerous situations.</li> <li>36. Peaceful conflict resolution-Young person seeks to resolve conflict nonviolently.</li> </ol>
	<b>Positive Identity</b>	<ol style="list-style-type: none"> <li>37. Personal power-Young person feels he or she has control over "things that happen to me."</li> <li>38. Self-esteem-Young person reports having a high self-esteem.</li> <li>39. Sense of purpose-Young person reports that "my life has a purpose."</li> <li>40. Positive view of personal future-Young person is optimistic about her or his personal future.</li> </ol>

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## APPENDIX B

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### Search Institute Profiles of Student Life Survey



## SEARCH INSTITUTE PROFILES OF STUDENT LIFE

### Attitudes and Behaviors

Your answers on this questionnaire will be kept strictly confidential. DO NOT put your name on this form. It has no code numbers, so no one will be able to find out how you or anyone else answered. Your school will receive a report that combines many students' answers together. Therefore, no one will be able to connect your answers with your name.

This is not a test you take for school grades. You are just being asked to tell about yourself, your experiences, and your feelings. Please be as honest as you can.

#### IMPORTANT MARKING DIRECTIONS

- Use black lead pencil only (No. 2).
- Do NOT use ink or ballpoint pens.
- Make heavy black marks that fill the circle.
- Erase cleanly any answer you wish to change.
- Do not make any stray marks on the questionnaire.

#### EXAMPLES

Proper Mark  
○ ● ○ ○

Improper Marks  
⊙ ⊗ ⊕ ⊖

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## 1. How old are you?

- ☐ 11 or younger      ☐ 16  
☐ 12      ☐ 17  
☐ 13      ☐ 18  
☐ 14      ☐ 19 or older  
☐ 15

## 2. What is your grade in school?

- ☐ 5th      ☐ 9th  
☐ 6th      ☐ 10th  
☐ 7th      ☐ 11th  
☐ 8th      ☐ 12th

## 3. What is your sex?

- ☐ Male      ☐ Female

## 4. How do you describe yourself? If more than one, mark each that applies to you.

- ☐ American Indian  
☐ Asian or Pacific Islander (for example, Cambodian, Hmong, Japanese, Korean, Laotian, Vietnamese)  
☐ Black or African American  
☐ Hispanic, Latino or Latina (for example, Cuban American, Mexican American, Puerto Rican, or other Latin American)  
☐ White

Some of the questions in this survey ask about your parents. In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you. They could be foster parents, step-parents, or relatives/guardians. If you live in a one-parent family, answer for that adult.

## 5. Which one of the following best describes your family?

- ☐ I live with two parents.  
☐ I live in a one-parent family with my mother.  
☐ I live in a one-parent family with my father.  
☐ Sometimes I live with my mother and sometimes with my father.

How important is each of the following to you in your life? Mark one answer for each.

Not      Somewhat      Not      Quite      Extremely  
 Important      Important      Sure      Important      Important

6. Helping other people .....  
 7. Helping to reduce hunger and poverty in the world .....  
 8. Helping to make the world a better place in which to live .....

Not      Somewhat      Not      Quite      Extremely  
 Important      Important      Sure      Important      Important

9. Being religious or spiritual .....  
 10. Helping to make sure that all people are treated fairly .....  
 11. Getting to know people who are of a different race than I am .....  
 12. Speaking up for equality (everyone should have the same rights and opportunities) .....  
 13. Giving time or money to make life better for other people .....  
 14. Doing what I believe is right even if my friends make fun of me .....  
 15. Standing up for what I believe, even when it's unpopular to do so .....  
 16. Telling the truth, even when it's not easy .....  
 17. Accepting responsibility for my actions when I make a mistake or get in trouble .....  
 18. Doing my best even when I have to do a job I don't like .....

## ABOUT SCHOOL

## 19. On an average school day, about how much time do you spend doing homework outside of school?

- ☐ None      ☐ 1 hour  
☐ Half hour or less      ☐ 2 hours  
☐ Between half an hour and an hour      ☐ 3 hours or more

## 20. What grades do you earn in school?

- ☐ Mostly As      ☐ Mostly Cs  
☐ About half As and half Bs      ☐ About half Cs and half Ds  
☐ Mostly Bs      ☐ Mostly Ds  
☐ About half Bs and half Cs      ☐ Mostly below Ds

For each of the following, mark one response.  
How often does one of your parents ... ?

- Very      Some-  
Often    Often    times    Seldom    Never
21. Help you with your school work ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
22. Talk to you about what you are doing in school ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
23. Ask you about homework ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
24. Go to meetings or events at your school ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐

How much do you agree or disagree with the following?  
Mark one answer for each.

- Strongly      Not      Dis-      Strongly  
Agree    Agree    Sure    agree    Disagree
25. At school I try as hard as I can to do my best work ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
26. My teachers really care about me ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
27. It bothers me when I don't do something well ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
28. I get a lot of encouragement at my school ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
29. Teachers at school push me to be the best I can be ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
30. My parents push me to be the best I can be ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
31. During the last four weeks, how many days of school have you missed because you skipped or "ditched"?
- ☐ None                                      ☐ 4 - 5 days
- ☐ 1 day                                        ☐ 6 - 10 days
- ☐ 2 days                                       ☐ 11 or more days
- ☐ 3 days

For each of the following, mark one answer.  
How often do you ... ?

- Usually      Sometimes      Never
32. Feel bored at school ..... ☐ ..... ☐ ..... ☐
33. Come to classes without bringing paper or something to write with ... ☐ ..... ☐ ..... ☐
34. Come to classes without your homework finished ..... ☐ ..... ☐ ..... ☐
35. Come to classes without your books ..... ☐ ..... ☐ ..... ☐

Reminder: In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

## ABOUT ME

How much do you agree or disagree with the following?  
Choose one answer for each.

- Strongly      Not      Dis-      Strongly  
Agree    Agree    Sure    agree    Disagree
36. On the whole, I like myself. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
37. It is against my values to drink alcohol while I am a teenager. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
38. I like to do exciting things even if they are dangerous. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
39. At times, I think I am no good at all. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
40. I get along well with my parents. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
41. All in all, I am glad I am me. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
42. I feel I do not have much to be proud of. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
43. If I break one of my parents' rules, I usually get punished. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
44. My parents give me help and support when I need it. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
45. It is against my values to have sex while I am a teenager. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
46. In my school there are clear rules about what students can and cannot do. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
47. I care about the school I go to. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
48. My parents often tell me they love me. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
49. In my family, I feel useful and important. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
50. Students in my school care about me. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
51. In my family, there are clear rules about what I can and cannot do. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
52. In my neighborhood, there are a lot of people who care about me. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
53. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
54. If one of my neighbors saw me do something wrong, he or she would tell one of my parents. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐

During the last 12 months, how many times have you ... ?

- |  | Never                 | Once                  | Twice                 | 3-4<br>Times          | 5 or<br>More<br>Times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 55. Been a leader in a group or organization .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. Stolen something from a store .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. Gotten into trouble with the police .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 58. Hit or beat up someone .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During an average week, how many hours do you spend ... ?

- |   | 0                     | 1                     | 2                     | 3-5                   | 6-10                  | 11 or<br>More         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 60. Playing on or helping with sports teams at school or in the community .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. In clubs or organizations (other than sports) <u>at school</u> (for example, school newspaper, student government, school plays, language clubs, hobby clubs, drama club, debate, etc.) .....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. In clubs or organizations (other than sports) <u>outside of school</u> (such as 4-H, Scouts, Boys and Girls Clubs, YMCA, YMCA) .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. Reading just for fun (not part of your school work) .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. Going to programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. Helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your city a better place for people to live ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. Helping friends or neighbors .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. Practicing or taking lessons in music, art, drama, or dance, after school or on weekends .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Think about the people who know you well. How do you think they would rate you on each of these?

People who know me would say that this is ...

- |   | Not<br>at all<br>Like Me | A<br>Little<br>Like Me | Some-<br>what<br>Like Me | Quite<br>Like Me      | Very<br>Much<br>Like Me |
|---|--------------------------|------------------------|--------------------------|-----------------------|-------------------------|
| 68. Knowing how to say "no" when someone wants me to do things I know are wrong or dangerous .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 69. Caring about other people's feelings .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 70. Thinking through the possible good and bad results of different choices before I make decisions .....                                   | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 71. Saving my money for something special rather than spending it all right away .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 72. Respecting the values and beliefs of people who are of a different race or culture than I am .....                                      | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 73. Giving up when things get hard for me .....   | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 74. Staying away from people who might get me in trouble .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 75. Feeling really sad when one of my friends is unhappy .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 76. Being good at making and keeping friends .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 77. Knowing a lot about people of other races .....   | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 78. Enjoying being with people who are of a different race than I am .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 79. Being good at planning ahead .....  | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |
| 80. Taking good care of my body (such as, eating foods that are good for me, exercising regularly, and eating three good meals a day) ..... | <input type="radio"/>    | <input type="radio"/>  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>   |

In this section we ask you about alcohol and other drugs. Please answer honestly. Remember, you are not asked to put your name on this form, so no one will ever be able to tell how you answered.

How many times, if any, have you had alcohol to drink ... ?

	Number of Times									
	0	1	2	3-5	6-9	10-19	20-39	40+		
81. In your lifetime .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. During the last 12 months .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. During the last 30 days ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. Think back over the last two weeks. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.)

- ☐ None                      ☐ 3 to 5 times  
☐ Once                      ☐ 6 to 9 times  
☐ Twice                      ☐ 10 or more times

85. If you came home from a party and your parents found out that you had been drinking, how upset do you think they would be?

- ☐ Not at all upset                      ☐ Very upset  
☐ A little upset                      ☐ Extremely upset  
☐ Somewhat upset

How many times, if any, have you smoked cigarettes ... ?

	Number of Times									
	0	1	2	3-5	6-9	10-19	20-39	40+		
86. In your lifetime .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. During the last 12 months .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. During the last 30 days ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. During the last two weeks, about how many cigarettes have you smoked?

- ☐ None                      ☐ About 1 pack per day  
☐ Less than 1 cigarette per day   ☐ About 1-1/2 packs per day  
☐ 1 to 5 cigarettes per day   ☐ 2 or more packs per day  
☐ About 1/2 pack per day

How many times, if any, have you used marijuana (grass, pot) or hashish (hash, hash oil) ... ?

	Number of Times									
	0	1	2	3-5	6-9	10-19	20-39	40+		
90. In your lifetime .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. During the last 12 months .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times, if any, have you used cocaine (crack, coke, snow, rock) ... ?

	Number of Times									
	0	1	2	3-5	6-9	10-19	20-39	40+		
92. In your lifetime .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. During the last 12 months .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the last 12 months, how many times have you ... ?

	5 or 3-4 More Never Once Twice Times Times				
94. Been to a party where other kids your age were drinking ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Driven a car after you had been drinking .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Ridden in a car whose driver had been drinking .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times, if any, have you sniffed glue, breathed the contents of aerosol spray cans or inhaled other fumes in order to get high ... ?

	Number of Times									
	0	1	2	3-5	6-9	10-19	20-39	40+		
97. During the last 12 months .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. During the last 30 days ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. In an average week, how many times do all of the people in your family who live with you eat dinner together?

- ☐ None                      ☐ 4 times a week  
☐ Once a week                      ☐ 5 times a week  
☐ Twice a week                      ☐ 6 times a week  
☐ Three times a week                      ☐ 7 times a week

100. How often did you feel sad or depressed during the last month?

- ☐ All of the time                      ☐ Once in a while  
☐ Most of the time                      ☐ Not at all  
☐ Some of the time

101. Have you ever tried to kill yourself?

- ☐ No  
☐ Yes, once  
☐ Yes, twice  
☐ Yes, more than two times

102. Have you ever had sexual intercourse ("gone all the way," "made love")?

- ☐ No - SKIP TO QUESTION 104  
☐ Once  
☐ Twice  
☐ 3 times  
☐ 4 or more times

103. When you have sex, how often do you and/or your partner use a birth control method such as birth control pills, a condom (rubber), foam, diaphragm, or IUD?

- ☐ Never                                      ☐ Often  
☐ Seldom                                      ☐ Always  
☐ Sometimes

How many times, if any, in the last 12 months have you used ... ?

- |   | Number of Times       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0                     | 1                     | 2                     | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |                       |                       |
| 104. Chewing tobacco or snuff .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 105. Heroin (smack, horse, skag) or other narcotics like opium or morphine .....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 106. Afawan .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 107. PCP or Angel Dust .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 108. LSD ("acid") .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 109. Amphetamines (for example, uppers, ups, speed, bennies, dexies) without a prescription from a doctor ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much do you agree or disagree with the following?  
Mark one answer for each.

- |   | Strongly<br>Agree     | Agree                 | Not<br>Sure           | Dis-<br>agree         | Strongly<br>Disagree  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 110. Sometimes I feel like my life has no purpose. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 111. Adults in my town or city make me feel important. ....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 112. Adults in my town or city listen to what I have to say. ....                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 113. I'm given lots of chances to help make my town or city a better place in which to live. .... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. Adults in my town or city don't care about people my age. ....                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. In my town or city, I feel like I matter to people. ....                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. When things don't go well for me, I am good at finding a way to make things better. ....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 117. When I am an adult, I'm sure I will have a good life. ....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Reminder: In this survey, "parents" (and "father" or "mother") refer to the adults who are now most responsible for raising you.

During the last 12 months, how many times have you ... ?

- |   | Never                                  | Once                                   | Twice                 | 3-4 Times             | 5 or More Times       |
|---|--|--|-----------------------|-----------------------|-----------------------|
| 118. Taken part in a fight where a group of your friends fought another group .....   | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 119. Hurt someone badly enough to need bandages or a doctor .....   | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 120. Used a knife, gun or other weapon to get something from a person .....   | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 121. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to your parent(s) about it? |  |  |                       |                       |                       |
|   | <input type="radio"/> Yes              | <input type="radio"/> Probably not     |                       |                       |                       |
|   | <input type="radio"/> Probably         | <input type="radio"/> No               |                       |                       |                       |
|   | <input type="radio"/> I'm not sure     |  |                       |                       |                       |
| 122. How much of the time do your parents ask you where you are going or with whom you will be?   |  |  |                       |                       |                       |
|   | <input type="radio"/> Never            | <input type="radio"/> Most of the time |                       |                       |                       |
|   | <input type="radio"/> Seldom           | <input type="radio"/> All of the time  |                       |                       |                       |
|   | <input type="radio"/> Some of the time |  |                       |                       |                       |

Among the people you consider to be your closest friends, how many would you say ... ?

- A  
None   Few   Some   Most   All
123. Drink alcohol once a week or more ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
124. Have used drugs such as marijuana or cocaine ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
125. Do well in school ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
126. Get into trouble at school ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐

How often do you feel afraid of ...

- Once  
in a   Some-  
Never   While   times   Often   Always
127. Walking around your neighborhood? ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
128. Getting hurt by someone at your school? ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐
129. Getting hurt by someone in your home? ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐

130. On the average, how many evenings per week do you go out to activities at a school, youth group, congregation, or other organization?

- ☐ 0                      ☐ 3                      ☐ 6
- ☐ 1                      ☐ 4                      ☐ 7
- ☐ 2                      ☐ 5

131. On the average, how many evenings per week do you go out just to be with your friends without anything special to do?

- ☐ 0                      ☐ 3                      ☐ 6
- ☐ 1                      ☐ 4                      ☐ 7
- ☐ 2                      ☐ 5

132. Imagine that someone at your school hit you or pushed you for no reason. What would you do? Mark one answer.

- ☐ I'd hit or push them right back
- ☐ I'd try to hurt them worse than they hurt me.
- ☐ I'd try to talk to this person and work out our differences
- ☐ I'd talk to a teacher or other adult.
- ☐ I'd just ignore it and do nothing.

How much do you agree or disagree with the following? Mark one answer for each.

- Strongly   Not   Dis-   Strong  
Agree   Agree   Sure   agree   Disagi
133. Students help decide what goes on in my school. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
134. I don't care how I do in school. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
135. I have lots of good conversations with my parents. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
136. If I break a rule at school, I'm sure to get in trouble. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
137. My parents spend a lot of time helping other people. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
138. I have little control over the things that will happen in my life. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐

During the last 12 months, how many times have you ... ?

- Never   Once   Twice   3-4   5 or  
Times   Time:
139. Carried a knife or gun to protect yourself. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
140. Threatened to physically hurt someone. .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
141. Gambled (for example, bought lottery tickets or tabs, bet money on sports teams or card games, etc.) .... ☐ .. ☐ .. ☐ .. ☐ .. ☐

The following questions ask about the adults you know. When answering these questions, don't count your parents or relatives.

How many adults have you known for two or more years who ... ?

- 0   1   2   3 or   5 or  
4   more
142. Give you lots of encouragement whenever they see you .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
143. You look forward to spending time with .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
144. Spend a lot of time helping other people .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
145. Do things that are wrong or dangerous .... ☐ .. ☐ .. ☐ .. ☐ .. ☐
146. Talk with you at least once a month .... ☐ .. ☐ .. ☐ .. ☐ .. ☐

On an average school day, how many hours do you spend ... ?

	Less Than	1	2	3	4 or More
	None	1 Hour	2 Hours	3 Hours	4 or More Hours

147. Watching TV or videos... ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ ..

148. At home with no adult there with you ..... ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ .. ☐ ..

149. Have you ever been physically harmed (that is, where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?

- ☐ Never                      ☐ 4 - 10 times  
☐ Once                        ☐ More than 10 times  
☐ 2 - 3 times

150. How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?

- ☐ Never                      ☐ 3 times  
☐ Once                        ☐ 4 or more times  
☐ Twice

151. Where does your family now live?

- ☐ On a farm  
☐ In the country, not on a farm  
☐ On an American Indian reservation  
☐ In a small town (under 2,500 in population)  
☐ In a town of 2,500 to 9,999  
☐ In a small city (10,000 to 49,999)  
☐ In a medium size city (50,000 to 250,000)  
☐ In a large city (over 250,000)

152. How many years have you lived in the city where you now live?

- ☐ All my life  
☐ 10 years or more, but I've lived in at least one other place  
☐ 5 - 9 years  
☐ 3 - 4 years  
☐ 1 - 2 years  
☐ Less than 1 year

153. How often do you binge eat (eat a lot of food in a short period of time) and then make yourself throw up or use laxatives to get rid of the food you have eaten?

- ☐ Never  
☐ Once in a while  
☐ Sometimes  
☐ Often

154. Have you ever gone several months where you cut down on how much you ate and lost so much weight or became so thin that other people became worried about you?

- ☐ Yes  
☐ No

155. What is the highest level of schooling your father (or step-father or male foster parent/guardian) completed?

- ☐ Completed grade school or less  
☐ Some high school  
☐ Completed high school  
☐ Some college  
☐ Completed college  
☐ Graduate or professional school after college  
☐ Don't know, or does not apply

156. What is the highest level of schooling your mother (or step-mother or female foster parent/guardian) completed?

- ☐ Completed grade school or less  
☐ Some high school  
☐ Completed high school  
☐ Some college  
☐ Completed college  
☐ Graduate or professional school after college  
☐ Don't know, or does not apply



## APPENDIX C

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Approval to Conduct Study

Approval from Western Kentucky University

Institutional Agreement with Ohio County Board of Education

WESTERN KENTUCKY UNIVERSITY  
*Human Subjects Review Board*  
 Office of Sponsored Programs  
 104 Foundation Building  
 502-745-4652; Fax 502-745-4211  
 E-mail: Phillip.Myers@Wku.Edu

In future correspondence please refer to HS98010, November 7, 1997

Susan Moore Matthews  
 c/o Dr. Pat Bailey  
 Department of Nursing  
 Western Kentucky University


Dear Ms. Matthews:

Your research topic "Assessment of Student Life Profiles: The Role of Family and Community Support in Reducing Teen Pregnancy, Alcohol/Substance Use, and Youth Violence," has undergone review by the Western Kentucky University IRB for human subjects of research and it has been determined that risks to subjects are: (1) minimized and reasonable; and that (2) research procedures are consistent with a sound research design and do not expose the subjects to unnecessary risk. Reviewers determined that: (1) benefits to subjects are considered along with the importance of the topic and that outcomes are reasonable; (2) selection of subjects is equitable; and (3) the purposes of the research and the research setting is amenable to subjects' welfare and producing desired outcomes; that indications of coercion or prejudice are absent, and that participation is clearly voluntary.

In addition, the IRB found that: (1) informed consent will be sought and documented from each prospective subject; (2) provision is made for collecting, using and storing data in a manner that protects the safety and privacy of the subjects and the confidentiality of the data; and (3) that appropriate safeguards are included to protect the rights and welfare of the subjects. Please store all data securely at an on campus location for a minimum of three years. Data stored in any form off campus must meet with the written approval of your thesis supervisor. We will appreciate a copy of this approval for your file.

Your research therefore meets the criteria of Expedited review under the institutional human subjects protocol and is approved. Copies of your request for human subjects review, your application, and this approval, are maintained in the Office Sponsored Programs at the above address. Please report any changes to this approved protocol to this office. A request to update the protocol or inform the HSRB of the conclusion of the project will be sent to you through your thesis supervisor for continuing review approximately a year from now. Our best wishes for your research.

Sincerely,



Phillip E. Myers, Ph.D.  
 Director, Office of Sponsored Programs and  
 Coordinator, Human Subjects Review Board

c: Human Subjects File 9810

Dr. Pat Bailey, Department of Nursing, Academic Complex WKU

HSApprovalMatthews

## Institutional Terms of Agreement for Research

### **Project Title:** Adolescent Perceptions of Risk-Taking Behaviors

**Investigator:** Susan Matthews RN, BSN  
 Master of Science in Nursing Student  
 Western Kentucky University  
 1 Big Red Way  
 Bowling Green, KY 42101  
 502-298-3616

**Faculty:** Patricia Bailey, Ph. D.  
 Department of Nursing, Owensboro Campus  
 Western Kentucky University  
 1 Big Red Way  
 Bowling Green, KY 42101  
 502-686-4510

The Ohio County Public School System is being asked to participate in a project conducted by a graduate-nursing student at Western Kentucky University. The University requires that you give your signed agreement to participate in this project.

Susan Matthews will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. The authorized representative of your agency may ask her any questions to understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have. If you then decide to participate in the project, please sign on the last page of this form in the presence of the person who explained the project to you. You will be given a copy of this form to keep.

### **Nature and Purpose of the Project:**

The purpose of this survey review is to assess student's lifestyles, via self-reporting, to gain insight into their perception of internal and external assets. Answers to the following research questions will be sought:

1. Is there a difference between male and female self-reports of risk-taking behaviors?
2. Do students who participate in risk-taking behaviors have low levels of developmental assets?

### **Explanation of Procedures:**

The Ohio County Board of Education agrees to provide the data collected from surveys that was administered to 12th grade students at the Ohio County High School during the spring of 1997. The population of students surveyed was students for whom parental permission has been obtained by the Youth Service Center coordinator. Data analysis will begin upon receipt of completed surveys from the Ohio County Board of Education in the fall, 1997.

Institutional Agreement  
Page 2

**Responsibility of Investigator:**

The data will contain no identifying information that would link a particular student to the data; however, all information will be kept in a locked compartment until data analysis is complete. Upon completion of data analysis all material will be returned to the Ohio County Board of Education. A copy of statistical printouts will be secured in a locked file at the Western Kentucky University extended campus site in Owensboro.

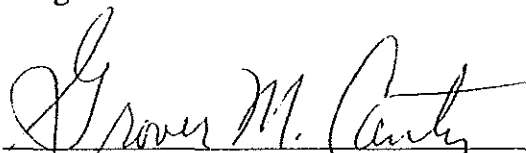
**Benefit and Risks:**

Since data will have already been collected by the Ohio County Board of Education, there will be no risk to the subjects. The minimal risks of breach of confidentiality and privacy will be safeguarded as outlined in the previous paragraph. Anticipated benefits of this study include an increased knowledge of how Ohio County adolescents perceive their family and community support systems. This knowledge will allow the community to begin to build assets and empower its youth.

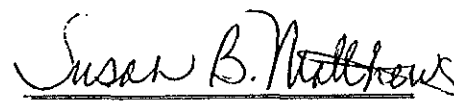
**Refusal/Withdrawal:**

The Ohio County Board of Education has the right to refuse or withdraw participation in the study at any time. Refusal or withdrawal will have no effect on the future services or relationship to either Western Kentucky University or the investigator.

By signing this agreement, the Ohio County Board of Education understands that is not possible to identify all potential risks in a research study, and that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.



Approved Representative of the Ohio County  
Board of Education



Investigator

6-15-98

Date

6-15-98

Date

## APPENDIX D

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### Written Permission to Use Pender's Health Promotion Model



# A P P L E T O N & L A N G E

Simon & Schuster  
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Stamford, CT 06912-0041  
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October 29, 1997

Susan Moore Matthews  
63 Embury Lane  
Hartford, KY 42347

Dear Ms. Matthews:

Thank you for your inquiry regarding obtaining permission to reproduce:

Author(s): Nola J. Pender, RN, PhD, FAAN  
Title: Health Promotion in Nursing Practice: Third Edition (1996)  
Figure(s)/Table(s): Figures 3-2 and 5-1

in a research proposal entitled "Assessment of Student Life Profiles: The Role of Family and Community Support in Reducing Teen Pregnancy, Alcohol/Substance Use, Youth Violence, and Dropout Rates." to be published by Western Kentucky University, Bowling Green, KY in June-August 1998.

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Sincerely,

Permissions Editor  
Phone (203) 406-4627

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